

FIG. 1

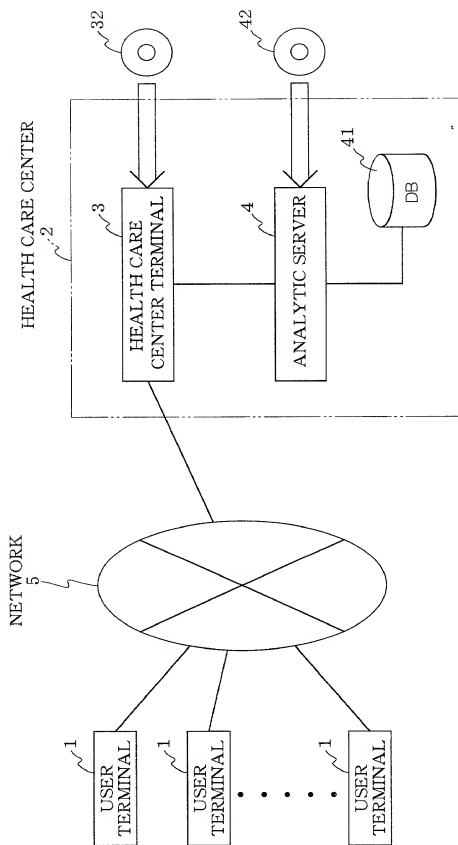


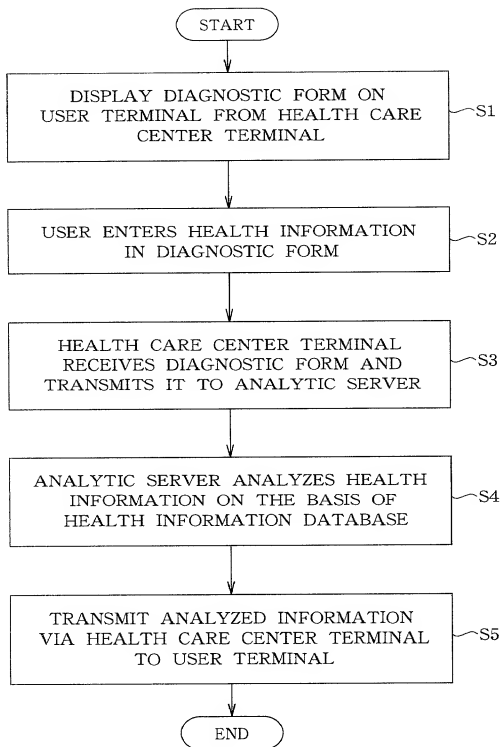
FIG. 2

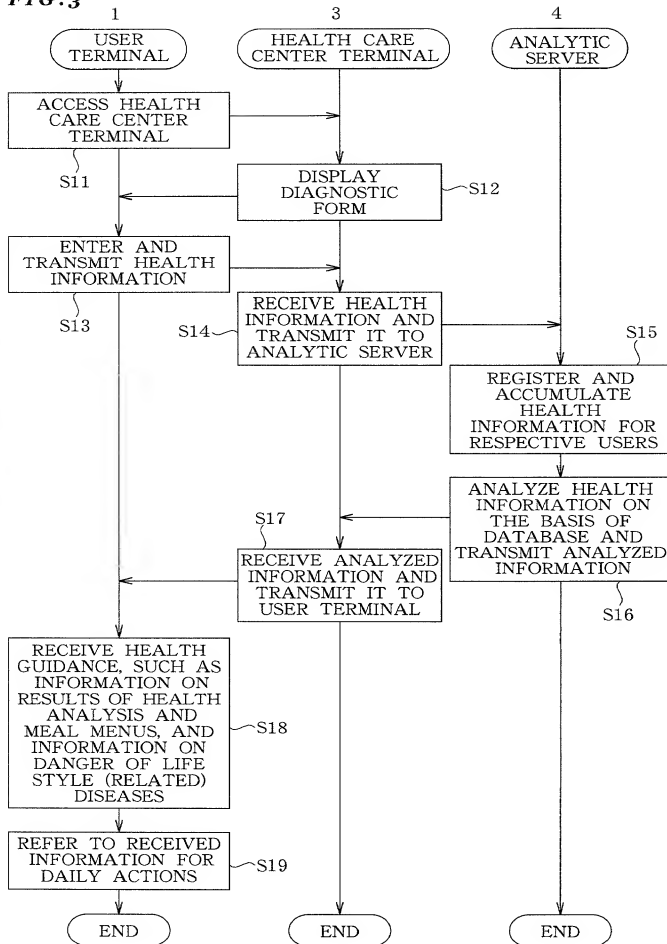
FIG. 3

FIG. 4

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MEDICAL DIAGNOSIS FORM

NAME : AGE : SEX : ☐ Male ☐ FemaleHEIGHT : cm WEIGHT : kgPRESENT HEALTH : ☐ Good ☐ Normal ☐ Bad

DETAILS OF PRESENT HEALTH

MEDICAL HISTORY

NONESSENTIAL GROCERY ITEMS

Do you smoke? ☐ No ☐ Yes ☐ cigarettes a dayDo you drink? ☐ No ☐ Yes ☐ Every day☐ Two or three times a week☐ Whisky ☐ Sake ☐ Beer ☐ Wine

MEAL MENUS (CALORIE INTAKE) (DATE)

Breakfast: Lunch: Dinner:

AMOUNT OF EXERCISE (CALORIE CONSUMPTION)

Travel to work/school : ☐ By train/bus ☐ By bicycle ☐ On foot minutesSports : km of running minutes of soccer minutes of walking minutes of baseball minutes of swimming minutes of volleyball minutes of basketball

CONFIRM

TRANSMIT